

2020 Benefits

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ENROLLMENT

I'm a new hire. Is there anything different about enrolling for me?

Welcome to Capital One! As a new hire onboarding between October 10 and December 31, 2019 you will need to enroll in both 2019 **AND** 2020 benefits.

You should review the MyBeWellBenefits site first to get all the details on our plans. Then, log in to the Capital One online enrollment system, to enroll in benefits by following the action notifications/prompts. Need more help? Go to the *New Hire/Life Event page* for a checklist and a how to enroll video.

How do I make sure I'm enrolled in benefits?

When enrolling on the Capital One online enrollment system you will see the Terms and Conditions at the end of the enrollment process. You must accept the Terms and Conditions during the Check Out process to officially submit your enrollment. Don't forget to hit "Yes, I accept" and then "Check Out" before your enrollment deadline.

Once you've checked out, click the print icon at the top right to print a copy of your confirmation page or create a PDF. Also, you should receive a confirmation email immediately after checking out. A confirmation of your enrollment selections will be mailed to your home by within a few weeks.

If I'm getting married or welcoming a new child to the family after enrollment ends, but before the new year, how do I make sure my new dependent(s) are covered?

You must update your dependents through the Capital One online enrollment system or by contacting the Capital One Benefits Center at **1-888-376-8836** within 31 days of the event (60 days after birth/adoption of a child or loss/gain of eligibility for a state/federal insurance program such as Medicaid or the Children's Health Insurance Program (CHIP)). If you don't add them as a dependent during this window, you must wait until the next benefits Open Enrollment period to make updates. Don't forget to enroll your new spouse or child in both 2019 **AND** 2020 coverage. See more details on the *New Hire/Life Event page*.

How do I update my life insurance beneficiaries?

To designate or update your beneficiary(ies), go to the Capital One online enrollment system. Look for the link labeled "Update your Beneficiary" on the home page. You are always the beneficiary for dependent life insurance.

MEDICAL

Are there any tools to help me estimate my health care expenses for 2020?

Yes! The **Medical Plan Selector Tool** is available to help you learn more about our medical plan options. The tool allows you to estimate and compare costs for medical plans based on your past claims and expected needs. Plus, you can calculate contributions for your Health Care Flexible Spending Account and prepare for future expenses.

What is a Primary Care Physician (PCP) and why do I need one?

A Primary Care Physician (PCP) is the doctor you can go to for routine screenings and wellness visits, and also consult with for any health questions and concerns. Selecting a PCP is an important part of managing your health effectively and can help save you money, because all PCP visits—even for non-preventive care—are free under your medical plan when you use an in-network provider.

How do I know if my PCP is covered within the Anthem Blue Cross Blue Shield network?

Log in to anthem.com/capitalone and select "Find a Doctor, Vision Provider, Hospital or Urgent Care" to search for in-network providers. You can also call **1-844-390-4133** Monday through Friday from 8 a.m. to 8 p.m. ET to ask about in-network providers.

Where can I find the COBRA cost for coverage?

Go to the *Costs page* and click the link for a COBRA Cost of Coverage PDF.

I enjoyed a Consumer Directed Health Plan with a Health Savings Account at my last employer. Why isn't this type of plan offered here?

For 2020, we are not offering a Consumer Directed Health Plan (CDHP) with an HSA. However, we evaluate our plans every year and will consider new options based on associate feedback and needs, so please feel free to reach out to the Capital One Benefits Center to share any feedback.

How do I earn my wellness incentive for 2020?

Be Well Rewards, our wellness incentive program provided through RedBrick Health, supports you in living a healthy lifestyle. The program is available to you, as well as your spouse/domestic partner enrolled in medical coverage through Capital One. You and your spouse/domestic partner can each earn up to \$350 this year, for a total family reward of \$700, by taking healthy actions and completing challenges in 2020.

Which programs can help me find the best care?

All associates and their family members can receive free care at the on-site Be Well Health Centers. Learn more about what type of care is provided on the *Be Well Health & Fitness Centers page*.

In addition to covering in-network preventive care at 100%, Capital One offers the following programs to help you get healthy and stay healthy all year long:

- **Advance Medical** – Get information from expert physicians to address your questions or uncertainty around any condition or treatment.
- **LiveHealth Online** – Talk to a board-certified physician or licensed therapist 24/7 through private and secure video consultations on your smartphone, tablet or computer with a webcam.
- **Castlight** – A personalized online health care resource that helps you shop for doctors, prescriptions and medical services.

- **Nurse Programs** – Through Anthem, you have access to a variety of nurse support programs, from a 24/7 Nurseline to ConditionCare, which provides you with a dedicated nurse to help you manage chronic conditions.

Visit the *Medical page* to learn more about these programs and the other resources available to help you live a healthier life.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Do I need to keep my receipts or submit more documentation after using my FSA debit card?

Yes! It's important to keep receipts (or statements) from any of your FSA debit card transactions because in some situations Anthem may request additional documentation, and if you don't provide the documentation as requested your card will be deactivated. Most transactions will approve automatically, but if a match isn't found Anthem will ask you to provide back-up documentation for a charge up to three times. If you don't respond, your debit card will be deactivated until you provide documentation or repay the claim.

If I have unused funds left in my FSA at the end of 2020, will the funds roll over for me to use the next year?

If you have a remaining balance at the end of the year, you can roll over up to \$500 of unused Health Care FSA funds into 2021 to be added to your available balance for use throughout the calendar year. Remember, you must actively re-elect the Health Care FSA each year during Open Enrollment in order to continue making contributions and to have dollars rolled over.

For the Dependent Care FSA, you have until March 15, 2021 to incur expenses for your 2020 DCFSA. Claims must be submitted by April 30, 2021.

DENTAL

Which dental plan covers braces for myself or my child this year?

The **Enhanced Dental Plan** offers orthodontia coverage (including braces, mouth guards, and TMJ disorders) for you and your covered dependents. The plan pays 50% co-insurance, with no deductible and a lifetime benefit maximum of \$2,500 per person. For more coverage, consider contributing pre-tax dollars to a Health Care Flexible Spending Account (HCFSA). Also, be sure to continue to elect the Enhanced Dental Plan until the course of treatment is complete.

GENERAL BENEFITS

What is a qualified life event (QLE)?

A QLE is a qualifying change in your family or employment status such as marriage, the birth or adoption of a child, or a change in your or your spouse/domestic partner's working hours that gives you the opportunity to adjust specific parts of your benefits coverage outside of the Open Enrollment period.

What's the difference between a HCFSA and a DCFSA?

A Health Care Flexible Spending Account (HCFSA) allows you to contribute pre-tax dollars to pay for the eligible health care expenses of you and your family members (even if you or your family member is not covered under our medical plan). The Dependent Care Flexible Spending Account (DCFSA) is different— it allows you to contribute pre-tax dollars for eligible dependent care services such as day camp, preschool, or child/adult daycare. The DCFSA is NOT for health care expenses.

What expenses count toward my deductible and out-of-pocket maximums?

Deductible: The deductible is the amount you have to pay before the plan pays benefits. The amount you pay for services depends on which plan you enroll in. Any money you spend toward medically necessary care counts toward your deductible.

Out-of-Pocket Maximum: An out-of-pocket maximum is the limit on how much you will pay toward medical expenses. Once you reach the out-of-pocket maximum, the medical plan will cover 100% of eligible costs for the remainder of the plan year. Copayments, deductibles, and coinsurance paid for covered services all count toward your out-of-pocket maximum.

Have a question we didn't answer?

Don't forget, we are here to help. Call the **Capital One Benefit Center** if you have questions during enrollment at **1-888-376-8836 (options 2, 2, 0)** between the hours of 8 a.m. and 8 p.m. ET, Monday-Friday.